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BOSTON DISPENSARY

Work and Program

"TO MEET THE SCIENTIFIC AND SOCIAL IDEALS OF
MODERN PREVENTIVE MEDICINE IN OUR CLINICS, IN
OUR HOME TREATMENT OF THE POOR, IN OUR CHILDREN'S HOSPITAL;

TO ASSIST IN THE ADVANCE OF MEDICAL KNOWLEDGE;

TO TRAIN NEW WORKERS WHO WILL CARRY THE GOOD
WORK ELSEWHERE,—

THIS IS THE JUSTIFICATION FOR THE DEVELOPMENT
OF THE BOSTON DISPENSARY AND THE BASIS OF ITS
APPEAL TO THE PUBLIC FOR SUPPORT."

March, 1911

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BOSTON DISPENSARY

ESTABLISHED IN 1796 TO PROVIDE THE BEST MEDICAL
TREATMENT FOR THOSE OTHERWISE UNABLE TO
SECURE IT

CONTINUED AND DEVELOPED AS AN INSTITUTION FOR
APPLYING MODERN MEDICAL SCIENCE TO THE RELIEF
AND THE PREVENTION OF DISEASE AMONG THE SICK
POOR OF THE COMMUNITY

INCORPORATED AS A PRIVATE CHARITY, DEPENDING
FOR ITS SUPPORT UPON VOLUNTARY SUBSCRIPTIONS
AND RECEIVING NO FUNDS EITHER FROM THE CITY
OR THE STATE

Work and Program

March, 1911

BOSTON

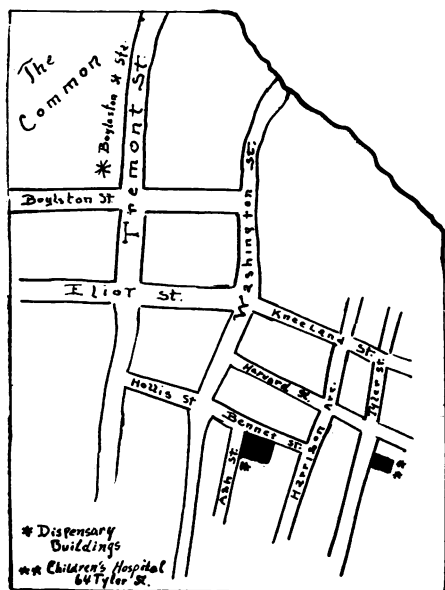
Geo. H. Ellis Co., PRINTERS, 272 CONGRESS STREET

1911

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Main Buildings



THE BOSTON DISPENSARY

The Clinics of the Dispensary are open for the treatment of patients daily, except Sundays and legal holidays. The admission hours are from nine to eleven A.M.

The Pharmacy is open every day in the year; on week days from eight A.M. to five P.M. on Sundays and holidays from nine to ten A.M.

Boston dispensary

BOARD OF MANAGERS AND OFFICERS OF THE BOSTON DISPENSARY, 1910

President

EDWARD R. WARREN

Board of Managers

INGERSOLL AMORY

WOLCOTT H. JOHNSON

E. PIERSON BEEBE

DR. ROBERT M. LAWRENCE

LORIN F. DELAND

PHILIP S. PARKER

EDWARD S. GREW

EDWARD R. WARREN

RANDOLPH C. GREW

JOSEPH WARREN

MOSES WILLIAMS, Jr.

Treasurer

PHILIP S. PARKER
84 State Street

Secretary

MOSES WILLIAMS, Jr.
18 Tremont Street

Director

MICHAEL M. DAVIS, Jr.

Committee on the Children's Hospital at Tyler Street

Miss MIRIAM HAMLEN, *Chairman*

Mrs. WILLIAM BLODGET

Mrs. EDWARD C. STREETER

Miss ROSAMUND BRADLEY

Mrs. CHARLES R. STURGIS

Miss ALICE DE FORD

Miss EVELYN STURGIS

Miss RUTH GREENOUGH

Miss EVELYN THAYER

Mrs. MOSES WILLIAMS, Jr.

*The Boston Dispensary***What Ten Dollars will do***It will provide*

For the care of five sick children and for the instruction of their mothers, who need to be shown how to keep them well.

For the medical treatment and relief of ten patients, victims of disease or accident and of poverty.

Medicines for 100 patients who cannot pay for them.

Twenty-five Dollars

Will provide for the care of twelve children; for treating twenty-five adults; for medicines for 250 sick poor.

Will pay the expenses of our Children's Hospital for one day, which the donor may name.

Will provide a bed for one sick child for two weeks, the average length of stay. The donor's name may be given to the bed.

One Hundred Dollars

Will pay the running expenses of a clinic for one month, an average of over five hundred treatments to poor patients.

Two Hundred and Fifty Dollars

Will pay for the expense of a district physician for a year, bringing medical treatment to a thousand families of the poor.

Five Hundred Dollars

Will provide one bed in the Children's Hospital for a year, which may be named by the donor.

Will provide equipment for a year for clinics serving 25,000 patients.

One Thousand Dollars

Will supply for one year a nurse or a social worker, your representative in the city's battle against suffering and disease.

The Dispensary is not only an economical and benevolent means of relieving disease among the poor, but is an effective agent in the much larger social economy of prevention. The support of such a work is health insurance for the community.

Philip S. Parker, Treasurer
84 State Street, Boston

REPORT OF THE BOARD OF MANAGERS

How few people in Boston, even among those interested in charity, realize the important and far-reaching work which the Boston Dispensary is doing for the community in relieving suffering, bettering the conditions of the poor and helping them to lead healthier and more useful lives. Perhaps the reason why the Dispensary is not generally better known is because it is the oldest private charity in Boston, founded in 1796, and has been going on year after year in a quiet and conservative way, appealing to the public only at times of special need.

It is, indeed, true that the public have been appealed to for this charity probably less than for any other important charity in Boston. We feel on this account that we are especially justified in asking for financial assistance to meet new and inevitable conditions due to increase in population and the advance of medical science. The income from invested funds and the nominal fees which are charged for treatment and medicines are no longer sufficient to do our work. We need \$10,000 in addition this year.

It is the intention of the Managers to perfect the equipment of the Dispensary and to improve the quality of service in every Department to conform with the highest modern standards. The Board has recently found it necessary to create the office of Director, the executive head of the institution, and has engaged Mr. Michael M. Davis, Jr., for the position. To meet the demands of our physicians for social service in connection with the clinics, a Social Service Department has been developed under the leadership of Miss Elizabeth V. H. Richards. This year the Board has accepted the obligation of maintaining a small Children's Hospital, which has become a valuable aid to our medical and social work.

The health and moral welfare of the poorer classes of the community should be matters of the deepest concern to all thoughtful citizens, and therefore, from an economic as well as a humanitarian point of view, the Boston Dispensary should be adequately endowed and supported beyond any possibility of having to restrict its usefulness for lack of resources.

With this brief introduction we present the following report to the public, confident that it will meet with generous response.

In closing, we wish to express our sincerest regrets that Mr. Robert A. Boit, who has acted as President for the past eight years, has been obliged to resign from the Board of Managers. His unceasing devotion to the interests of the Dispensary will make it very difficult to fill his place.

EDWARD R. WARREN,
Chairman of the Board.

THE BOSTON DISPENSARY: OLD AND NEW

Work and Program

REPORT OF THE DIRECTOR

The good Samaritan of Scripture ministered to the sick with oil and wine. For the modern good Samaritan, science, typified by the laboratory and the microscope, and sympathy, represented by the social worker and the trained nurse, warm-hearted, but cool-headed, combine to utilize the resources of individual physicians and of the community in the effort to relieve and to prevent disease. The Boston Dispensary began at a time when the bleeding-cup was at the doctor's right hand and the drug-shop was his main stand-by. It has progressed medically with the advance of medical science, and its work has been extended in proportion to the growth of the city and the city's needs. One hundred and fifteen years lie behind it. Its program looks to the future.

The name "Dispensary" implies the giving of medicines, but this is incidental to its more substantial work. Modern medicine has shifted the centre of the building out of the apothecary shop. It is to-day an institution for helping the sick poor by broader methods, providing the best medical treatment for those who cannot otherwise secure it. Far from being interested merely in dealing out drugs, the aim of the Dispensary is to work out a system to meet the demands of modern medical science for the remedial and the preventive treatment of disease; to learn as completely as possible all the personal and social conditions concerning its patients, so that its physicians may be guided in their diagnoses and treatment by the fullest knowledge; and to do its share in all public movements to remedy those conditions of sanitation, housing, educational and industrial maladjustment which are so largely responsible for disease.

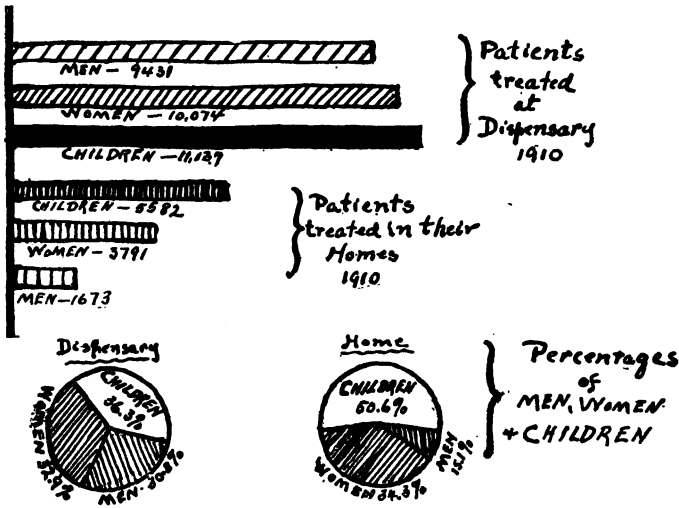
What is the present scope of the work? During the year 1910 one-sixteenth of the entire population of the city was treated by the Boston Dispensary. Thirty-one thousand individual patients visited the central building at the corner of Bennet and Ash Streets. There were 102,000 such visits, an average of over three for each patient. The district physicians paid 20,000 visits in the homes to over 11,000 different patients. A total of 42,000 patients was thus dealt with during the year, and of these about 40,000 live within the city of Boston.

No one can visit the central building any week-day, when the doors are open to receive patients, between nine and eleven o'clock

Forty Thousand Sick Poor of Boston.

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in the morning, without being impressed by the throng that passes through the gates. The Dispensary appears to care for a class poorer than at most out-patient clinics of the city, at least nearer the border line of actual poverty. The throng of faces moving towards the examination desk reminds one of the human stream at Ellis Island. Syrian and Irish, Jew and Italian, Scandinavian and American, crowd in the line. Little children tag at the skirts of their mothers, infants lie in the mothers' arms, older youngsters come shepherded by school nurses, and wait with



curious dread for the Eye Doctor and the Dentist. A sad-faced old man, a furtive-eyed young woman, a vigorous laborer with a slashed foot, a slim seamstress with a needle buried in her hand,—it is a stream of vivid humanity entering, for the most part, anxious and suffering, going out relieved and, we trust, encouraged.

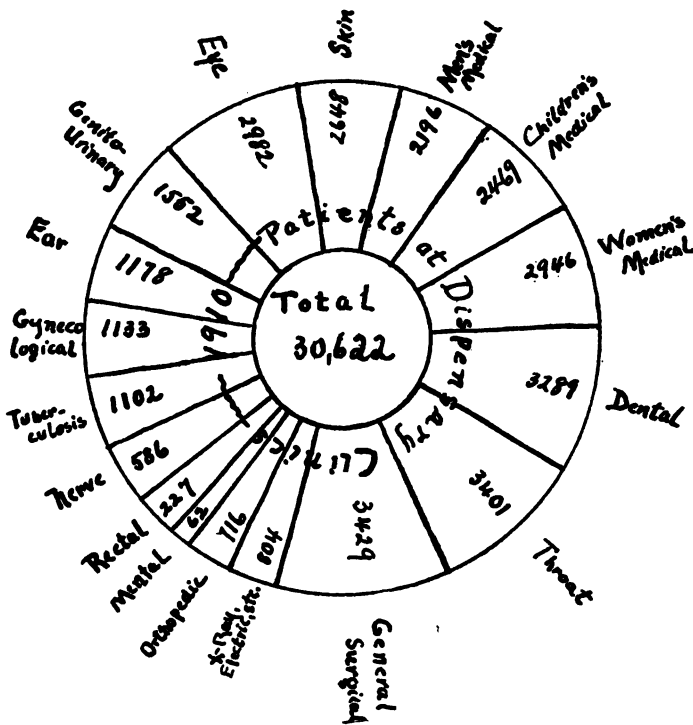
Perhaps the final impression which a visitor gains of our work is just this: that it is close to the people, dealing with those far down the social ladder, struggling sometimes with disheartening effort to help the discouraged or the hopeless. The age of the Dispensary and the prevalent misconception that it is supported by the city are perhaps largely responsible for the unusual proportion of very poor who come to its doors.

What does the work amount to? What is the program for advancement? Why is this program worth while? These questions call for answer in the following pages.

At the present time the Boston Dispensary includes:—

1. *Seventeen clinics*, all except two open throughout the morning of every week-day. One physician or surgeon is in charge of each, having from one to four assistants, and in some cases a salaried nurse or social worker also. From thirty to fifty physicians, giving their services without charge, are thus in the building every morning. The Pharmacy, from which the medicines are given, is open throughout the afternoon also, and for an hour Sunday morning.

2. *District physicians* for fifteen districts, including all sections of the city of Boston, except Brighton and part of Dorchester. A physician appointed by the Dispensary is provided for each area to visit and treat the sick poor in their homes. Visiting nurses, a vital adjunct to the physician's work, are provided by the Instructive District Nursing Association. A small branch



Dispensary, supported by a contribution from the Roxbury Charitable Society, is also maintained at 106 Roxbury Street for the benefit of that part of the city.

3. A *Children's Hospital* at 64 Tyler Street, which was formerly the Tyler Street Day Nursery. The hospital with a capacity of sixteen beds is reserved for children under fifteen years of age, either patients of the Dispensary in the clinics or those under treatment by the district physicians.

4. The *Social Service Department* includes a force of eight salaried workers and several volunteers, ascertaining, as an aid to diagnosis, social conditions of patients referred to them by physicians, and assisting in the preventive treatment of these cases as well as in carrying out remedial treatment.

To each of these four divisions a special section is devoted, following this report.

In accepting the volume of work involved in treating over 40,000 individual patients annually, it is the ideal of the Boston Dispensary to make every case count for something. Three questions we must ask of each case: First, what can be done to relieve this suffering fellow-being? Second, what can the case contribute to medical science or as training for the physician? Finally, how shall the patient be treated so as not only to give him relief, but to prevent the recurrence of the disease and its continuance in the community? The institution does not fulfil its duty to its patient until it connects him, wherever necessary, with the industrial, charitable, educational, and other welfare resources of the city, best fitted to supplement the medical agency in this preventive work. The institution must be a part of the developing life of the community.

This wider entrance into social relations must not obscure the primary purpose of the Dispensary, that of supplying medical relief to the sick poor. It is a medical institution. But the introduction of social service work is only an outgrowth of the progress of medicine itself, as is that of the microscope, the X-ray, or the pathological laboratory. The past year and a half has seen the enlargement of the social service staff from one worker to a corps of eight. This Department, like any other, should be extended no faster or farther than is really necessary, but it is evident that the physicians are demanding more and more service from social workers, and funds are much needed to support the desired enlargement.

Our physicians need better equipment in many clinics, more assistants, more opportunities to pursue research. The needs of doctor and patient alike require that the institution afford all practicable facilities for its Medical Staff. In many Departments of the Dispensary the Children's Hospital at Tyler Street offers a new opportunity to the physicians. For the first time, children who are patients in the clinics can be taken to a hospital, near by and under our own management, for observation, for careful diagnosis, and for treatment where home care or reference to other institutions is undesirable or impracticable.

The intelligent public of the present day is requiring higher standards of efficiency in all charitable institutions. It expects not merely that funds shall not be wasted, but that they shall be so expended as to give the maximum return. More

and more is the public coming to demand that institutions avoid duplication of service, which can only be prevented by properly correlating and dovetailing the work of similar institutions. This usually requires more attention to administration, more centralized management. The Boston Dispensary, in looking toward the future, must carefully work out its relations to other medical and charitable institutions, and form its plans with a large view of the place of our institution in the city as a whole.

At the present time the Dispensary is utilizing its extensive plant—three considerable buildings with a floor area of 28,000 square feet—during only a small portion of the twenty-four hours. The clinics are open to receive and treat patients during the morning only. During the afternoon the Pharmacy is open, and a few rooms are occupied for the after-care of patients, but four-fifths of the building is used during only four hours of each week-day. The same condition obtains in most similar institutions. We shall aim next year to use our plant more during afternoons and evenings, the extra expense being comparatively small.

The Dispensary holds a unique position in Boston, not only because it is the oldest and largest institution of its kind, but because it is the only medical institution which, in addition to its numerous clinics, provides a complete system of district physicians, visiting in the homes of the poor throughout practically the whole city. The clinical opportunities offered at the Dispensary, taken together with those afforded in the district work and in our Children's Hospital, present unusual advantages to medical students, nurses, and persons intending to enter medical social service. It must be our special aim to organize our work so as to make these opportunities useful to those who can profit by them under professional direction. The nurse wishing to secure a broader training along social lines than most nurses' schools now afford, the social worker desiring to enter the medical field and to secure practical experience before so doing, should be able to find in the Dispensary a laboratory and training-place of exceptional value. Medical institutions—hospitals and out-patient departments—are in the transitional stage between the old type of work and the newer type which treats not only "cases," but the social relations of disease. The emphasis of the new work is on prevention rather than on mere remedy. In this day and generation the standards, and practical methods of this work are to be formulated, and the Boston Dispensary has a rare opportunity of serving this cause.

We must have funds for this work for equipment and for workers. In asking for aid, with these ideals in mind, we are in

no wise turning aside from the original purpose for which the work was founded one hundred and fifteen years ago. This purpose is still the medical relief of the sick poor. The standards and methods of medical relief have, however, moved rapidly forward, and, while the results are more effective, administration is more complicated and difficult and sometimes more expensive. Preventing disease is in the long run cheaper than attempting to cure it by treating case after case. To spend \$25 in investigating the home conditions of a lame child; to find that his parents cannot afford either the leg-braces or the education that he requires; to provide that child with the needed apparatus; to spend \$25 more in order to put him in a special school,—perhaps all this costs \$100, which will never be repaid to those who gave it. But the child, saved from being a helpless cripple and trained to use the powers left him, will pay back to the community, through his work, a hundred times the \$100 before he is fifty years of age instead of being a permanent charge upon charity. Five dollars spent in repairing the teeth of a public school child of twelve and in instructing the child and his mother in dental care will, during the next ten years, save that family \$50 in doctor's bills and the community as many times \$50 as a healthy worker is more productive than a sickly one. Three hundred dollars' sanatorium treatment for a tuberculosis patient is expensive; but the care of that patient and the education of his family in the prevention of tuberculosis is worth thousands of dollars to the community. To send a poorly nourished baby to the hospital for three weeks and feed it properly costs about \$40 in milk, nursing, and administration; to teach that baby's mother how to feed it costs perhaps \$20 more for the time of the instructor. But it is cheaper to spend \$60 than \$40, for then the baby will not come back to the hospital three months later, and the whole life of its family will be on a higher plane of health and efficiency.

To meet the scientific and social ideals of modern preventive medicine in our clinics, in our home treatment of the poor, in our children's hospital; to assist in the advance of medical knowledge; to train new workers who will carry the good work elsewhere,—this is the justification for the development of the Boston Dispensary and the basis of its appeal to the public for support.

MICHAEL M. DAVIS, JR.

CLINICAL WORK

Remedial and Preventive Medicine

If you felt feverish and weak and had a cough and did not know whether you had pneumonia or tuberculosis or just a cold; if you were a workingman living with your wife and three children in four rooms on \$12 a week,—what would you do to make yourself feel better? This conundrum presents itself to some thousands of persons in Boston every week. The Dispensary is one of the answers to this conundrum. The Clinic is the place where the answer is given.

Of the seventeen Clinics, the Orthopedic is open three days weekly, the Mental twice weekly, and the others daily (except Sundays). There are also departments for electrical treatment, X-ray work, massage, and a Pathological and Clinical Laboratory. The statistics for 1910 appear in the following table:—

NUMBER OF PATIENTS BY CLINICS AND PERCENTAGES OF MEN, WOMEN, AND CHILDREN FOR YEAR 1910

CLINIC	Number of New Patients	PERCENTAGES			Number of Visits Paid	Average Number Visits per Patient
		Men	Women	Children		
General Medical	7,611	29	39	32	21,931	2.9
Men's Division	(2,196)				5,141	2.3
Women's "	(2,946)				9,206	3.1
Children's "	(2,469)				7,581	3.1
Surgical	3,429	42	30	28	13,598	3.9
Throat	3,401	25	26	49	9,625	2.8
Dental	3,289	13	11	76	3,568	1.1
Eye	2,982	20	35	45	7,656	2.6
Skin	2,648	32	31	37	9,581	3.6
Genito-urinary	1,552	99.8 ₁₀	—	1 ₁₀	9,260	5.9
Ear	1,178	19	31	50	6,107	5.2
Gynecological	1,133	—	98	2	7,001	6.3
Tuberculosis	1,102	35	43	22	3,084	2.8
Orthopedic	716	37	47	16	1,953	2.7
Nerve	586	26	51	23	3,764	6.4
Rectal	227	57	36	7	957	4.2
Mental	62	25	57	18	450	7.3
X-ray	480	46	37	17	595	1.2
Electrical	167	65	32	3	1,619	9.7
Massage	57	7	81	12	712	12.5
Total	30,642				101,461	3.3



In the Children's Clinic

		<i>Per Cent. of Total</i>
Total number of men patients	9,431	30.8
Total number of women patients	10,074	32.9
Total number of children patients	11,137	36.3
Total of all patients	30,642	100.

The less important place which drugs hold in modern medicine, compared with earlier times, is shown in an interesting way by the records of our Pharmacy. Last year 102,000 visits were paid by patients to the Dispensary, and 11,000 patients were treated in the Districts, a total of 113,000. Ninety-two thousand prescriptions were put up by our Pharmacy for these patients, an average of less than one (exactly .81) for each visit. Fifty years ago, however, as the following table shows, each patient's visit meant that two prescriptions or more were given out.*

<i>Year</i>	<i>Number Visits Paid by Patients</i>	<i>Number Prescriptions Issued</i>	<i>Average Number Prescriptions per Patient</i>
1856-1868	233,830	495,530	2.12
1870	41,434	54,487	1.32
1880	51,756	54,808	1.06
1890	74,100	60,883	.82
1899	91,578	81,247	.89
1910	113,300	92,367	.81

Ideal clinical work requires five conditions:—

1. *Good physicians or surgeons.*
2. *Adequate space and equipment.* This means microscopes, surgical instruments, examining tables, gowns, convenient running water, an X-ray Department, a Clinical and Pathological Laboratory, a Pharmacy, and so on.
3. *Proper records;* full, efficiently kept and systematically filed and indexed. Without such records no case can be treated with continuous knowledge, and it is impossible to extract from the mass of cases the contribution which they can offer to medical science.
4. *A helper to the physician* who may be a nurse or a social worker, or both in one person, and who must be salaried so as to be permanently on service. Without such assistance the physician is burdened with much unimportant detail which takes time from his proper work. He is unable to follow his patient to the home, so as to gain that knowledge of conditions which assists in making a diagnosis and in carrying out proper treatment.
5. Finally, more important than any except the first, are *the patients*, classified and ordered so as to be referred to the proper specialist, and

*A fee of ten cents is charged for each prescription, but no patient unable to pay this sum is refused. This remission was made in 11% of the cases last year. The same policy is adopted in reference to the ten-cent fee charged for treatment in the Surgical Clinics. Such fees, usual in most similar institutions, render the attitude of the patients more self-respecting and democratic. They meet, of course, only a small proportion of the expense of the service.

adapted in number so as not to over-tax his time and hurry him to a point where sufficient attention cannot be given to each individual.*

In the Children's Clinic of the Dispensary, for instance, a child on admission will be interviewed by the nurse or a medical student assistant. The personal history, the family conditions, and the child's present complaints will be found and recorded. A thorough physical examination will then be made by a physician, and the senior physician in charge of the clinic will (if he has not already been the examiner) go over the child himself, diagnose the disorder, and give instructions for treatment. Sometimes this takes the form of a prescription for drugs. If so, this is taken by the patient to the Pharmacy, where the medicines are provided. Perhaps as often, a prescription is one of diet or of instructions to the mother in hygiene or in the feeding of children. The nurse in the clinic is responsible for the card records, seeing that they are properly filed and indexed, so that, when the system is properly carried out, a patient making the second, third, or tenth visit to the clinic can be readily identified and the previous history placed before the eye of the examining physician. In many cases, too,—as many as the force allows to be handled,—the nurse visits her patients' homes, reporting to the physician the conditions there, the needs, and carrying out, as the physician alone cannot do, the orders for treatment. In a busy clinic it is difficult for the doctor to give sufficient time to the mother to explain how her child should be clothed, washed, and fed. The nurse, trained, tactful, and backed by the authority of the physician, can work wonders even with an ignorant or half-interested parent. No one appreciates this more than the physician, for he understands its value better than even the child's mother.

Only direct contact with some of the thousands of men, women, and children who are our patients can give an adequate sense of the work. Consider, for instance, the human meaning of the following three excerpts from reality,—the suffering relieved, the anxiety banished, the life set going right:—

Patient, age twenty; occupation, porter. Unmarried. Had run a pick into his thumb two days before calling. Septic wound; patient in danger of blood poisoning. Patient paid four calls within a week; discharged cured.

Patient, age seventy; occupation, carpenter. Married. While working at his trade, he had lamed his elbow and had severe neuritis, making him almost helpless to pursue his occupation; severe pain. After three visits

* Considerable use of the Dispensary's clinics is made by students, members of the teaching staffs at Harvard Medical School and at Tufts Medical School, both bringing students frequently to attend clinical demonstrations and lectures. The amphitheatre in the Dispensary is in frequent use in this work throughout the academic season.

discharged entirely relieved from pain and soreness at elbow. Able to go back to work.

Patient, aged one year, brought to Children's Clinic November 7. Diagnosis: improper feeding. Child's weight, 11½ pounds (weight of normal child of same age, 20 pounds). Had been feeding on bread, cake, potatoes, oatmeal, and tea.

Treatment for bowel trouble. Instruction of mother. Modified milk diet, milk to be secured from Milk and Baby Hygiene Association.

November 11, whole milk diet ordered; November 18, child's weight 12 pounds, 2 ounces. Mother says baby improving.

Continued improvement. Discharged January 28, weight 16 pounds, 9 ounces,—a gain of 5 pounds in 2½ months.

The best standards of clinical work lie within the power of the Dispensary to realize, for it has on its staff capable physicians and no lack of patients. With the present funds our equipment is somewhat limited, and we are unable to provide half of our clinics with a nurse or a social worker. Only the Surgical, the Gynecological, the Genito-urinary, the Rectal, the *Optical, the *Dermatological, the *Tuberculosis, and the *Children's Clinics have now trained salaried assistants, and in only the starred clinics of this list is the helper adapted or paid for sufficient time to do the important follow-up work in the homes. To bring every Department to a high standard of efficiency, we must secure funds to improve the equipment and the records, and to provide a sufficient working force.

DISTRICT WORK

Home Treatment of the Poor

As the map on the cover shows, almost the entire city of Boston is divided into fifteen districts, in each of which a physician, appointed by the Dispensary and receiving for the time given to the work an honorarium, visits daily upon call.* A charitable worker who finds some one sick in a poor home will probably advise the family to get a "City Doctor" if they have not already sent for one. It is unfortunate that the use of the name "City Doctor" ever became prevalent among those who have needed the services of a district physician of the Boston Dispensary, for the impression spreads that the city is supporting the physicians and the institution,—a condition that has never existed.

This District Service was started at the very beginning of the Dispensary's work in 1796. In the earliest report of the institution now extant, 1813, one finds the following pleasant paragraph on the opening page:—

It having been found by experience, both in Europe and in several of the capital towns in America, that dispensaries for the medical relief of the poor are the most useful among the benevolent institutions, a number of gentlemen propose to establish a public Dispensary in the town of Boston, for the relief of the sick poor, which they presume will embrace the following advantages.

First. The sick without being pained by a separation from their families, may be attended and relieved in their own houses.

Secondly. The sick can in this way be assisted at a less expense to the public than in an hospital.

Thirdly. Those who have seen better days may be comforted without being humiliated: and all the poor receive the benefit of a charity the more refined, as it is the more secret..

A most important factor is the *visiting nurse*, who, working under the physician's directions, gives the trained care which the family of the patient are unable to bestow. Twenty-five years ago the Instructive District Nursing Association of Boston was founded primarily for the purpose of providing visiting nurses for the district physicians of the Dispensary. While its work

* In each district is a Call Station, sometimes located in a drug-store, sometimes in a social settlement house or charitable institution. At the station a book is kept. Here any one may come on behalf of a sick person of the district and register the name and address. Each morning, at either nine or ten o'clock (the hour varying with the district), the physician comes to the station, notes the calls left in the book, and begins his rounds of visits upon these, as well as on the patients remaining under treatment from preceding days.



A District Physician on His Rounds

has expanded in other directions, the Association still continues to supply the district nurses, enlarging the nursing staff to meet the growing needs of the Dispensary's system.

PATIENTS TREATED AT HOME BY THE FIFTEEN DISTRICT PHYSICIANS, 1910

Men	1,673	15.1 % of total
Women	3,791	34.3 " " "
Children	5,582	50.6 " " "
Total	11,046	

Number of visits paid by physicians, 21,078.
Average number of visits per patient, 1.9.

Patients treated at the Roxbury Room, 1910:—
Men, 44; women, 84; children, 147; total, 275.
Total visits paid by patients, 821.

One cannot talk with any group of physicians in Boston at a medical or public meeting without finding that probably a majority has served in this district work.* The field is still a growing one, for at least one important section of the city, Brighton, is still uncovered. Funds are needed for additional physicians and nurses. We wish to be able to provide for emergency calls during the larger part of the day and night, when our regular district physicians cannot be available. We need a central bureau for the medical records of the district work, based on a modern card system. It is important that we should have funds to enable us to correlate more fully the work of our district physicians with the nurses, charitable organizations, and medical schools; for only wide-reaching and well-organized co-operation can bring our work to its maximum of medical and social productiveness.

EXTRACT FROM TWO PHYSICIANS' REPORTS

1. The average income of the households visited is from \$9 to \$12 a week; the average family from six to ten in number. Most of the children are too small to be of any help to their parents.

In these days of specialized hospital services, the value of district work lies in supplementing the more or less one-sided training which is obtained in the hospital. It broadens the man who intends to do special work, while bringing him in contact with a wide range of conditions of which he should know something, and which no hospital position gives him the same opportunity to meet, while, for the man who intends to do general practice, district work is an ideal training ground.

From the sociological standpoint there are two classes of cases in which the district physician, and especially the district nurse, is of great value; namely, the care of old people who have become destitute through misfortune and illness and the education of mothers in the proper care and feeding of babies and children.

Of the 1,146 cases treated by me during the past year, 151 were men, 405 women, and 590 children. In other words, about half the patients were children; and, of the remainder, three-fourths were women, and one-fourth men. The great majority of the children treated can be separated into two main groups, those with affections of the respiratory tract during the winter and spring months and those with gastro-enteric disturbances during the summer and early fall. Adding to these the cases of contagious disease and those resulting from improper feeding and lack of hygiene, practically all the children are accounted for.

With the adults, however, no such general classification is possible. While respiratory affections in the winter and gastro-enteric in summer form a considerable number of cases, practically every disease, acute or chronic, which is common to this region and climate, is met with. To give an idea of the wide variety of the district work, let me cite the calls of a single day. On December 21 I saw one case of each of the following conditions: lobar-pneumonia, broncho-pneumonia and pertussis (same patient), scarlet fever, diphtheria, chronic nephritis, pregnancy, tonsillitis. On another day, December 17, taken at random from my note-book, the following diagnoses were entered: tonsillitis (two cases), prolapse of rectum, septic finger, impetigo contagiosa, gastric ulcer, breast abscess, broncho-pneumonia.

2. In general a very large proportion of the patients treated in my district have been children, and of these the most of them have been cases of coryza, bronchitis, pneumonia, or acute contagious diseases. Among adults chronic conditions affecting the circulation are most frequent. This class of cases interests me especially.

One case, interesting because of home conditions, is possibly worth reporting. This patient, a woman fifty-five years old and without relatives, had been a domestic servant all her life. For years, while she was in service, she had stored her furniture in two rooms in the basement of a dark and dirty old house under the railway. Five weeks previous to my seeing her she had come back to her "storehouse," too ill to work, and too weak to clean up the place, even had she wished to do so. There she had spent most of her time in bed, during the last week too feeble even to get her own food. She was cared for to some extent by a neighbor, a cripple of her own age. To describe adequately the condition of those two rooms is impossible. Three windows, covered with cobwebs and the dirt of ages, and carefully protected from the entrance of light by heavy shutters, enabled one to grope one's way about. On entering the house, I paused, as soon as I could make out where I was, supposing that I had made a mistake and that no one could possibly be living in such quarters. Dust an eighth of an inch thick lay over everything. Every table, every chair, the sink, the stove, and the bureau, was crowded to overflowing with cooking utensils filled with cold food, pans of ashes, unwashed dishes, and broken odds and ends. There was no means of getting artificial light and no heat. In the bedroom, or, rather, the room in which there was a bed, one had to thread one's way between pieces of furniture, trunks, and rolled-up carpets. The bed itself was without sheets, the bedding being filthy comforters laid on filthier mattresses. There the patient, suffering from a severe enteritis, was lying, completely clothed, trying to keep warm in the icy room. Clothes, bedding, and furniture were all befouled, owing to the woman's condition and her helplessness. The odor of the place was sickening. To imagine a human being existing under such conditions in Boston in 1910 is not possible. Without stopping to examine the woman or to make a diagnosis, she was sent to the City Hospital, where she died about two weeks later.

OUR CHILDREN'S HOSPITAL

Medical Social Service at Work

On the 1st of October, 1910, the Dispensary took full possession of its Hospital for Children. Two attractive three-story houses, 64-66 Tyler Street, formerly the Tyler Street Day Nursery, have been remodelled into a hospital and equipped with sixteen beds (for infants and children up to fifteen years of age). From October to the end of January it has been used to its full capacity.

The medical work done by the Dispensary for the children of the sick poor is larger than that of any other out-patient institution in Boston. Eleven thousand patients under fifteen years of age came to the Dispensary last year. Three thousand of these were in the Children's Medical Clinic alone, the remainder in the Skin, Throat, Ear, Eye, Dental, and elsewhere. Besides this there were nearly six thousand little ones treated in their homes by the district physicians. The value to the Dispensary of hospital beds for children, under its own control, is obvious from these figures.

As now administered, the aim of the hospital is:—

(1) To provide for the observation of children's cases on which an immediate diagnosis cannot be made. The physician appreciates the advantage to him medically: the patient gets the benefit. With so large an Out-patient Department as ours, this use of the hospital, even with but a small number of beds, greatly enhances the opportunity for good medical work in difficult cases.

(2) To provide for acute non-contagious cases for which beds cannot readily be found elsewhere. This renders the hospital of especial service to our district physicians as well as to those on the House Staff. Typical instances are cases of pneumonia and intestinal diarrhoea.

(3) To provide after-care for brief periods to children subjected to minor operations in our Surgical Departments. For example, a delicate child has tonsils and adenoids removed, and is retained to insure complete recovery before returning home. The hospital is not furnished at present with an operating room, and cannot therefore take cases of major surgery, but it much increases the opportunity for our surgeons to perform minor operations.

(4) To work out, as only a hospital can enable us to do completely, methods of social service and of training nurses and social workers.

Used in this way, the sixteen beds of our hospital should not duplicate or lessen the demand upon those of other institutions. They do provide care for sick children whose cases must otherwise have gone through the clinic without proper diagnosis or who would have otherwise had only inadequate treatment in their homes. The case of C. may be cited to illustrate this important class of cases, hitherto unsuccessfully treated at the out-patient clinics. C. was nine years of age. She had been under treatment a long time at the out-patient clinic without relief.

She was pale, nervous, and of sickly aspect. At the hospital it was found she was running a slight temperature, that she reacted positively to tuberculin, and had a certain amount of spinal rigidity. After several consultations and much laboratory work and observation it was found she was suffering from tubercular caries of the spine.

She was promptly put under proper treatment in the Orthopedic Department, and her disease was arrested and practically cured. In her case it is safe to say the Tyler Street Hospital saved her from deformity and chronic invalidism.

The distinctive feature of the hospital is its *social treatment of every case*. As soon as a child is admitted, a social worker attached to the staff of the Dispensary, visits, usually within twenty-four hours, the home of the little patient, sees the mother and the family conditions, and is then in position to give to the physician knowledge which is often of essential importance in deciding as to the diagnosis, the care and feeding in the hospital, and the prognosis of the case. There is thus a social as well as a medical diagnosis, and both together—neither alone—determine the treatment. More than this, no case is discharged until the social as well as the medical requirements have been met. This means that a poorly fed baby, brought from a home of darkness and neglect, will not be fed at the expense of the hospital for two weeks and then returned by the physician without knowledge of the circumstances at home, to the very conditions which will in another month's time bring the same child to the same hospital or to some other, to repeat the same expensive process. It means that in dealing with a child whose parents are drunken, cruel, or positively neglectful, the hospital, through its social worker, acts as a remedial agent for the community. Not that we ourselves would undertake to prosecute those parents: that is not the business of the medical institution, but of a specially established agency, in this case the Massachusetts Society for the Prevention of Cruelty to Children. The social worker would turn over the facts to this society, and they would deal in behalf of the community with the social aspects of the case.

This kind of service is well illustrated by four concrete cases:—

Boy, age seven years, the ninth child in a family of thirteen. *Diagnosis*, pneumonia.

Social facts: Parents English born; father, 'longshoreman, has deserted his family thirteen times. Consequently, the family has had to be aided by charity. Twelve different charitable agencies were found to have been interested in the case, but there had been inadequate co-operation.

The mother had borne thirteen children: of these six had died. She had had six miscarriages; is pretty well broken down. There had been considerable complaint of the mother from charity workers that she lacked gumption; but our visitor found that she did not possess enough strength to have gumption.

Home conditions undesirable. One of the children is tuberculous: most of them are delicate.

Medical treatment: The boy was cured of pneumonia, remaining in the hospital twenty-three days.

Social treatment: Arrangements were made to place the patient for a while after discharge in a home for convalescents. The matter of the husband's desertion was referred to the proper agency. The social worker rounded up the records of the different charitable agencies, and secured co-operative action; and, as a result, a friendly visitor was put at work instructing the mother how to care for her home and children.

Girl, age three months. Diagnosis, improper feeding and scald.

Social facts: Mother dying of pulmonary tuberculosis.

There were two other children, six and three years of age, who had been sent to the Gwynne Home. The father, an iron-worker, could earn \$18 a week, but was unsteady. As the wife had been ill a year, the family were in debt.

Medical treatment: The baby was a beautiful child, but not strong; improved rapidly in the hospital; was ready to be discharged in seven days.

Social treatment: The mother died. The father took her body back to her home in Newfoundland, hoping to leave the two children with relatives. A sister of the mother was willing to take our patient until the father should return, but, as she had a baby of her own five months old and two other children under three and was considered tuberculous, this experiment was considered hazardous. Consequently, the hospital held the baby until other relatives could be found. (This is an example of the social diagnosis determining the date of discharge.) After several days the father returned, and the baby was placed with a middle-aged aunt, who was kind and intelligent and had a good home. There the baby continued the improvement begun in the hospital.

Girl, age six years, third child in a family of six. Diagnosis, valvular heart disease and bronchitis.

Social facts: Parents Italian; father a tailor; man of good habits, earning \$12 a week, but work is irregular. Mother intelligent, but discouraged and overworked.

Medical treatment: Patient had previously been in the City Hospital, thence to a convalescent home. In our hospital she was retained ten days, the acute troubles being relieved.

Social treatment: The problem is that of a family on a small and irregular weekly income, hardly adequate for daily needs and entirely insufficient to meet the demands of sickness.

The child is one requiring care. Through a social settlement interested in the family, together with the Associated Charities, the social worker arranged that the child be boarded in a home in the country, the mother being anxious to have this done for the child's sake.

Boy, age three months. Diagnosis, mal-nutrition and neglect.

Social facts: Child brought to hospital by his mother, who was dressed in widow's mourning, with dissipation written on her face. She was thirty-two years of age; stated that her husband was drowned three weeks after the baby's birth; she had lost her milk from the shock. She supported herself, baby, and little daughter of six years by working in a box factory, earning \$7 a week. She was obliged to board the baby with a neighbor. From the Confidential Exchange of Information it was learned that the mother had a record with the Society for the Prevention of Cruelty to Children four years ago. On communicating with this Society, it was found that a complaint had been entered against her for neglect of her little girl. She was said to be immoral and intemperate.

The social worker made several visits to the home, never finding the mother in. A policeman on the beat told the visitor he had known the mother for twelve years; that she was immoral and intemperate, her home a rendezvous

on Sunday; that the baby was illegitimate, and the little girl roamed the streets out of school hours and got her meals where she could.

The neighbor with whom the mother boarded the baby was next visited; found to be aged and feeble and aided weekly by the Associated Charities. She was unable to care properly for herself, much less for the baby.

Medical treatment: Discharged improved, after three weeks' care and feeding.

Social treatment: With our evidence of physical neglect added to the previous history, the Society for the Prevention of Cruelty to Children were able to take legal action, and, on recovery, the child was discharged into their custody. Later the older child was also removed from the home.

Do not these cases illustrate the union of the medical and the social points of view in preventive work?

It is already clear that the hospital is of positive value to the Dispensary. It is an asset to the medical resources of the city, not only because it does not duplicate the work of other institutions, but because it will enable our institution to do a distinctive work. Even with a hospital of the present size, sixteen beds, this is possible. Larger service would be rendered if next year the number could be increased to twenty-four, so arranged as to be capable of classification instead of connected as one ward. Then the special needs of more types of cases could be provided for. A small operating room would open the use of the hospital to our surgical clinics and would greatly enhance its value to our surgeons. The hospital affords, above all, the opportunity to realize the scheme of working out in a hospital that union of the medical and social points of view upon which the past year's work already shows such a good beginning. Relations should be established with the medical schools, with training schools for nurses (particularly that of the District Nursing Association), and with the schools for training social workers, such that the resources of the Dispensary and the hospital together shall be available for those entering medical relief work from either the medical or the social side. The Boston Dispensary can offer to such students an unusual all-round opportunity for observation and practical work. We have not only large clinics in which trained social workers are engaged, but also our system of physicians visiting in the homes, furnishing another field where training may be secured. The hospital provides the third side of the triangle.

The working out of such a scheme is one of the important contributions which this generation must make to the permanent advance of both medical and social science. To accomplish this, the hospital is needed not only by the physicians of our institution, but by the public. The Dispensary is justified in asking the public for the support necessary to continue and to develop its Children's Hospital.



Children's Hospital
64 Tyler Street

Team-work at the Bedside:
Physicians, Nurse, Social Worker, Stenographer

THE SOCIAL SERVICE DEPARTMENT

A physician in private practice in a small town is ordinarily familiar with the home, family, and occupation of his patients. He knows them by reputation, if not by acquaintance. He will automatically follow Virchow's injunction, "Treat not only the disease, but also the man," because he will see not merely the disease: he will know the man and the social conditions of his environment.

A physician, under these circumstances, will not prescribe "Take a two weeks' rest, eat nourishing food, and do not worry," to the struggling, debilitated father of a family of seven. Nor would a physician in a clinic advise this if he were aware of the situation; but, unlike the family doctor, he cannot know the home conditions of his patients. He sees each for a moment, their lives passing through his clinic like stereopticon pictures at a lecture. No one recognizes the consequent deficiency more than the wise clinical physician, and he welcomes the social service work which has arisen to supply his need. Departments of social service are provided primarily to aid the physician, not as a substitute for his work, or with the intention of leading medical institutions into non-medical channels.

The Social Service Department at the Boston Dispensary owes its recent development and organization to Miss Elizabeth V. H. Richards. Since she took charge of the work in October, 1909, the Social Service Staff has grown from one to eight salaried workers, besides several volunteers. This force is now taking care of some 125 cases a month, each involving home investigation, consultations with the clinical physicians, and much detailed engineering in providing the desired treatment for the patient. We are fortunate that at the Dispensary the Social Service Department is an integral part of the organization, supported partly out of the general funds of the Dispensary and partly from special funds contributed for the purpose. Under the direction of the Head Worker, two members of the Staff are assigned to the Tuberculosis Clinic, one to the Children's, one to the Eye, one to the Children's Hospital at Tyler Street, one to the Skin and Gynecological Clinics, and one to work-at-large, taking cases referred from any of the other clinics.

The average social service case at the Dispensary costs about four dollars. Some, like the following, take a great deal of time, and are, therefore, more expensive, while others cost much less. At first thought this form of treatment, which enters so largely into preventive measures, may seem expensive; but in its last analysis it is proved to be as economical as it is effective. It not

only aids in relieving human ills, but helps to abolish them by removing their causes.

A special report, describing the work of the Social Service Department in detail, will be issued a little later in the spring.

A REPRESENTATIVE CASE

Mrs. P., thirty years of age, was referred to the Social Service Department by the doctor in the Women's Surgical Clinic. He states the following facts: The woman, a new patient of the Dispensary, has cancer of the breast of three years' standing. An operation is imperative: this, however must be postponed, as Mrs. P. expects confinement within a month. The doctor tells her nothing to alarm her, but puts on himself and a social worker the responsibility of her future care.

At the end of six weeks the doctor calls at the home, finding the mother in fair condition and a healthy two-weeks-old baby, fed on condensed milk. At this interview he reveals to Mrs. P. the seriousness and necessity of an operation. She cannot see the way to leave so young a baby nor to provide for the rest of her household. The problem is too much for her to work out alone.

The doctor reports this to the social worker, who calls on Mrs. P. She finds in the home four children, of seven, four, two years, and the baby. A brother of Mrs. P. boards with her. She says that he is not strong, and is overworking in a job where heavy lifting is a constant requirement. Her husband is a substitute in several newspaper offices. To pay a competent housekeeper is out of the question. To temporarily break up the family distresses Mrs. P., as she fears her husband may relapse to drinking habits, which for the past year he has overcome.

The social worker and Mrs. P. talk over possible ways of taking care of the family, and the following plan is accepted as satisfactory: The Massachusetts Infant Asylum is asked and agrees to take the baby at once, so he may be put as soon as possible on a proper feeding formula. The social worker verifies the statement that the brother is running the risk of physical breakdown by work entirely too difficult for him. He has had training in the United States Army, and knows scientific methods of cooking and house-keeping. Therefore, it is suggested that he give up his unsuitable work, and for three weeks, until Mrs. P. returns, contribute his services in the home. He agrees, making the stipulation that the four-year-old, who is a troublesome child, be cared for by Mr. P.'s sister. This relative is consulted, and willingly takes the child. With these adjustments settled, Mrs. P. consents to have arrangements made with the hospital.

Mrs. P. has now been successfully operated on, but whether it was taken soon enough to be permanently successful we do not yet know. We hope that she will prove to be on the good side of the fifty per cent. of long-standing cancers which do not return after operation.

While inquiring as to the ability to contribute to the baby's board and hospital expenses, Mrs. P. told the social worker that her husband was hopelessly in the clutches of money-lenders. During a "spree" he had made three ten-dollar loans. To meet the interest on these necessitated another loan. The money-lenders trustee his wages before he has a chance to claim them, and he must pay \$1 or \$2 in order to get his week's pay, and so on, the debt always increasing. Mrs. P. said that, though she had partly realized that the growth on her breast might be dangerous, she had neglected to do anything about herself because she saw no way of getting out of debt and no way of affording the extra expense of medical treatment. The problem of the money-lenders was put into the hands of a lawyer especially interested in this situation in Boston, to the great relief of both Mr. and Mrs. P.

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—District Boundaries
• Call Stations

The City of Boston as districted by the Dispensary, 1910

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